LOBBYING SUPPLEMENTAL REGISTRATION FORM

To be used for changes to registrations and terminations.

[redacted]

FOR OFFICE USE ONLY
Postmark Date: 01/17/06
TERM

1060157

Instructions

- Print in ink or type.
- Complete form and return to Board of Ethics, 2415 Quail Dr., 3rd Floor, Baton Rouge LA 70808, (225) 763-8777 or (800) 842-6630. No fee is required.
- This form must be submitted within 5 days of any changes in your registration form, to add employers or those you represent, or if you cease all activities requiring registration. It must be submitted within 10 days of any terminations of employment or representations.

1. NAME Nix (Last) John (First) H. (MI)

2. BUSINESS PHONE 337 319 8939

3. BUSINESS ADDRESS 1005 E. St. Mary, Ste 201, Lafayette LA 70503 (Street and No. / City / State / Zip)

MAILING ADDRESS PO Box 81222 Lafayette LA 70598-1222 (Street and No. / City / State / Zip)

4. EMPLOYER self employed

5. EMPLOYER'S ADDRESS same (Street and No. / City / State / Zip)

6. Have you ceased or terminated all lobbying activities requiring registration? Yes ✓ No ____

7. LIST BELOW (a) Names of persons, groups, or organizations which you are adding or eliminating; (b) the address of each such person, group, or organization listed; (c) the type of business each is engaged in or the purpose or function of the organization or group; (d) whether or not the client or someone else pays you to lobby; and (e) the date of termination if applicable.

1. Name IES SI
   Address 2301 Eagle Parkway Ste 200 Ft. Worth TX
   Business or purpose Solid waste, non hazardous, collection + disposal

   ☐ New Representation
   Does this person pay you? ____

   If No, who pays you? ____

   ☒ Terminated Representation as of 12-31-05

SUPPLEMENTAL REGISTRATION FORM

2. Name N/A

Address

Business or purpose

☐ New Representation
Does this person pay you?

If No, who pays you?

☐ Terminated Representation as of

3. Name N/A

Address

Business or purpose

☐ New Representation
Does this person pay you?

If No, who pays you?

☐ Terminated Representation as of

CERTIFICATION OF ACCURACY

I hereby certify that the information contained herein is true and correct to the best of my knowledge, information, and belief; and that no information required by the Lobbyist Disclosure Act [LSA-R.S. 24:50 et seq.] has been deliberately omitted.

Signature of Lobbyist

Form 3pt, Rev. 10/2002